Montgomery County – DHHS
Asian American Health Initiative (AAHI) Steering Committee Meeting
September 18, 2014

Welcome
- Meng calls the meeting to order at 6:16 PM and introduces Shahin Sebastian from the Patient Navigator Program.

Approval of Agenda
- Meng moves to approve the agenda and asks about any changes.
- Michael Lin mentions the change of date.
- All members vote to approve the agenda.

Approval of Minutes
- Meng moves to approve the minutes.
- Wilbur seconds the motion. He notes minor changes to Perry.
- Perry says he will make changes and send them back to the group.
- All vote to approve the minutes.

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<thead>
<tr>
<th>Steering Committee</th>
<th>Present</th>
<th>Staff</th>
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<tbody>
<tr>
<td>Organizational Members</td>
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<tr>
<td>Ji-Young Cho</td>
<td>X</td>
<td>Perry Chan</td>
<td>X</td>
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<tr>
<td>Wilbur Friedman</td>
<td>X</td>
<td>Sierra Jue-Leong</td>
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<td>Yan Gu</td>
<td></td>
<td>Jasmine Vinh</td>
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<tr>
<td>Michael Lin</td>
<td>X</td>
<td>Shannon Lee</td>
<td>X</td>
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<td>Mayur Mody</td>
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<td>Nazia Cheema</td>
<td>X</td>
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<tr>
<td>Sam Mukherjee</td>
<td>X</td>
<td>Kelly Huynh</td>
<td>X</td>
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<tr>
<td>Nguyen Nguyen</td>
<td>X</td>
<td>Betty Lam</td>
<td>X</td>
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<tr>
<td>Stan Tsai</td>
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<td>Dr. Raymond Crowel</td>
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<td>Tho Tran</td>
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<tr>
<th>Individual Members</th>
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<tbody>
<tr>
<td>Nerita Estampador(Vice Chair)</td>
<td>X</td>
<td>Shahin Sebastian</td>
<td>X</td>
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<tr>
<td>Meng K. Lee (Chair)</td>
<td>X</td>
<td>Aparna Puri</td>
<td>X</td>
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<td>Sunmin Lee</td>
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<td>Cathy Ng</td>
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<td>Wendy Shiau</td>
<td>X</td>
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<tr>
<td>Ashraf Sufi</td>
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<th>Affiliate Members</th>
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<tr>
<td>Anis Ahmed</td>
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**Pre-Discussion of Behavioral Health and Crisis Services (BHCS)**
- Cathy asks if other minority health initiatives have any programs for mental health.
- Perry says the Welcome Back Center is a program to help people who were licensed health care professionals in their home country to obtain a license in Maryland. This program receives additional funding to expand and include behavioral health professionals.
- Meng says Montgomery Cares has a mental health program funded by the County.
- Nerita asks if County residence is a requirement of the Welcome Back Center program.
- Michael explains that the Welcome Back Center is a statewide initiative.
- Nerita also asks if participants need to pay back the program after they get their license.
- Meng says that is a question they can ask Sonia.

**Overview of Montgomery County DHHS (MCDHHS), BHCS: Dr. Raymond Crowel**
- Meng introduces Raymond who has been the Chief of MCDHHS BHCS for five years.
- Raymond gives a verbal presentation based on the attached slides.

**Program Updates: General Outreach**
- Perry introduces AAHI’s new staff member, Kelly Huynh, who will strengthen outreach efforts by working with clients and connecting them to services with the help of technology such as a tablet, internet, and printer. Perry notes that an updated resources brochure will be available in thirteen languages. They will be uploaded to the AAHI website.
- Perry mentions that we have been working on the FY14 Annual Report and will send it out electronically to everyone once it is ready.
- Perry points out that AAHI is in the process of hiring Behavioral Health Program Coordinator. The job description will be on the internet by tomorrow and he will share it with everyone.
- Perry reports that the staff met with Raymond and his senior managers, Program Manager of the Access to Behavioral Health Program, Program Manager of the Adult Behavioral Health Program, and the Director of the Primary Care Coalition Behavioral Health Program. Perry started some informal program planning and does not want to make it formal until there is a program subcommittee set up for mental health.
- Perry distributes a handout on AAHI’s mental health awareness article that was published in multiple Asian media sources in different languages.
- Perry says that he has been in touch with several organizations to plan the Hepatitis B Prevention Project.
- Sam notes that showing positive results at the grassroots level is very important.
- Meng agrees with Sam that programs should be focused on Asian communities and on the most critical barrier, which is language.
- Sam says we need results. Otherwise, we cannot lobby for more money.
- Shahin shares that most people who work and come out to outreach events do not have mental health problems. She adds that most people with mental health problems stay
inside and are unable to access the centers. In Maryland, no one can be forced to have mental health treatment unless the patient comes forward seeking help on their own.

**Council Breakfast Meeting on October 16th: Review Statement**
- Meng says that the breakfast is hosted annually by George Leventhal for health-related agencies, organizations, and commissions to present two minutes of their priorities for the next fiscal year.
- Meng notes that Nerita and Perry will be attending. The Steering Committee has prepared a presentation which focuses on mental health, hepatitis B, and LIEED.

**Subcommittees**
- Meng says that we need to set up subcommittees (Program Support, Advocacy and Public Relations, and Membership and Nominating) for everyone to participate. He explains they are set up to clearly state a mission and tasks. Each subcommittee will have a chair.
- Meng motions to approve the three subcommittees.
- All Committee members approve the three subcommittees.
- Nerita and Meng say that everyone should be committed to one or two subcommittees.
- Nguyen asks what the expectations should be for each subcommittee.
- Meng explains the expectations depend on the tasks and what needs to be accomplished.
  - **Membership and Nominating Subcommittee**
    - Wilbur volunteers to join.
  - **Advocacy and Public Relations Subcommittee**
    - Wendy, Sam, Nguyen, and Michael volunteer to join.
  - **Program Subcommittee**
    - Cathy, Sam, and Ji-Young volunteer to join.

**FY15 Meeting Dates**
- Committee members discuss moving meetings to Tuesdays.
- Nguyen mentions the idea of teleconferencing, in case people want to travel.
- Sam notes that teleconferences might not be a good idea because they will form a habit.
- Meng says he will decide on a case-by-case basis if teleconference will be offered.
- **Tentative dates:** 11/18/14; 01/13/15; 03/17/15; and 05/19/15

**Liaison Updates**
- Committee members discuss the importance of having liaison minutes available to the entire group.
- Meng explains that liaison minutes are time sensitive and should be available right after the meeting so they can be sent to Committee members as soon as possible.
• Sam says we use liaisons to uphold our values and we use minutes to supplement different people’s opinions. He adds that we need a person to take minutes objectively and to record participation. Liaisons can help give insight into the meeting.

• Meng says that the responsibilities are to report on what happens at meetings and to influence the decisions of the respective commission for AAHI’s best interest.

• On behalf of Anis, Perry reports that the Governor’s Commission on South Asian American Affairs will conduct a business and professional conference on December 6th 2014 from 10 AM – 2 PM. For more information about the event, please contact Anis.

Adjourn: 8:20 PM
Montgomery County Health and Human Services
Behavioral Health and Crisis Services: Overview to the Asian American Health Initiative Steering Committee
September 10, 2014

Behavioral Health and Crisis Services Mission

- Promote the behavioral health and well-being of Montgomery County residents.
- Foster the development of, and ensure access to, a comprehensive system of effective behavioral health services and supports for children, youth, adults, and seniors.
- Promote the delivery of culturally and linguistically competent care and the use of evidence-based best practices along the continuum of care.
- Work with state and county partners to provide strengths-based and integrated services to persons in need.

Consumer Centered Service Delivery System

BHCS Service Continuum
Contact and Private Providers partner to ensure a full array of services across the lifespan:

- Hospital Psychiatric Services
- Residential Services: Inpatient, Outpatient, Day Treatment, Emergency Services, Hospice, Family Services
- Pediatric Services: Comprehensive Developmental Services, Early Intervention Services, Child Behavioral Health Services, Child and Adolescent Mental Health Services
- Psychiatric Rehabilitation: Supported Employment, Supported Housing, Independent Living, Community-Based Work Supports, Peer Support Services
- Other Services: Concierge Services, Community-Based Mental Health Services, Health Care Services, Mental Health Services, Social Services, Substance Abuse Services

BHCS Programs by Functions

- Crisis, Intake and Trauma Services
  - Crisis Center (Crisis Stabilization Services, Mobile Crisis Teams, Crisis and Evaluation Teams)
  - Access to Behavioral Health Services
  - Community Case Management Services
  - TCA (Temporary Cash Assistance)
  - Home Monitoring Program 1 Laboratory
  - CSS/PAP (Crisis Stabilization and Prevention Program, Program-Based Parolee Program)
BHCS Programs by Functions
- Treatment Services
  - CTSB - Clinical Assessment and Transition Services
  - JAS - Jail Addiction Services
  - CAMH - Child and Adolescent Clinic, SACCA
  - Substance Abuse Prevention
  - ASHI - Adult Behavioral Health Services
  - IP lntensive Outpatient Services/AMHC
  - MAT - Medication Assisted Treatment/Clinical Services
  - Medication Assisted Treatment/Medical Services
  - Adult Drug Court
- Oversight and Monitoring Services
  - Behavioral Health Planning and Management
  - Senior Mental Health Services
  - Contracted Services

Contracted Services
- Residential Services
- Outpatient Services
- Case Management Services
- MIH Care - Extended Care Management Services
- Community Based Services - Outreach and Education
- Therapeutic Nursery Program
- Consumer-run Services
- Site-based Intensive Care Services
- Faith Grant - Homeless Outreach
- Senior Mental Health Services
- Homeless ID Program & BAAR (SRGID Outreach Access to Recovery Grant)
- Transitional Shelters / Domestic Violence Shelter
- Supported Employment Services
- Representative Payee Services
- Crisis and Resource Hotline
- Veterans Services (Striving Together)
- And many more contracts (total of contracts: 100+)

Behavioral Health & Crisis Services
Budget by Program Areas

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<thead>
<tr>
<th>Program Area</th>
<th>FY13 Budget</th>
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<tr>
<td>Behavioral Health Planning/Management</td>
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<td>Total</td>
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BHCS Clients
Who are they?
Where do they live?
What needs do they bring?

Snapshot of Public Mental Health System Consumers
- In FY2013, 11,384 Montgomery County consumers were served by the Public Mental Health System - an increase of 35% from FY2009.
- 11% of all consumers are uninsured sometime during the fiscal year.
- The total expenditures for Montgomery County consumers are $52,280,632.

Montgomery County consumers with Co-Occurring needs
- In FY2013, 1019 PMHS consumers at all ages have been identified as Co-Occurring diagnosis.
- 14% have co-occurring substance abuse - an increase of 31% from FY2009. Total expenditures for treating Co-Occurring consumers increased 15%.
- The total cost for treating this group of consumers is $16,468,974 in FY2013.
FY2000-2012 Montgomery County Unique Users of Outpatient Substance Abuse Services and Grant Funded Addiction Services

Residential Services Statistics
> The Core Service Agency monitors a total of 352 RRP beds.
> The Core Service Agency monitors a total of 320 Independent Living Beds.
> At the end of FY14, there were 93 consumers on the RRP waiting list (excluding individual living in State Hospitals waiting for placement).
> 32% of consumers served in RRP were co-occurring.

Crisis, Intake and Trauma Services
> Crisis Response & Intervention: The Crisis Center is 24/7 mental health disaster for residents of Montgomery County. It is staffed by licensed professionals to provide immediate assessment, intervention, and crisis navigation.
> Intake Services: This includes the Access Form which is a single point of entry to our treatment programs. It eliminates the need to re-answer questions when transitioning from one program to another. It is supported by a computer-based intake system.
> Trauma Services: Montgomery County's Trauma Response Program is a vital component of the continuum of care.

Treatment Services
> Outpatient Behavioral Health Services - Child & Adolescent (CBHS Adult Outpatient Mental Services, Home-based Treatment Teams, System of Care Development and Management Teams, Peer Services, Screening & Assessment Services for Children & Adolescents, Substance Abuse Prevention)
> Outpatient Behavioral Health Services-Adult (Adult Behavioral Health Program, Intensive Outpatient, Adolescents and Mental Health Crisis)
> Specialty Behavioral Health Services (Medication Assisted Treatment, Adult Drug Court)

Montgomery County Addiction Treatment System
(ASTM - PCC - 1 Levels of Care)

Low Intensity
- Level 1: Self-Management
- Level 2: Outpatient
- Level 3: Intensive Outpatient (Adults only)
- Level 4: Long Term Facility

High Intensity
- Level 5: Intensive Residential Treatment
- Level 6: Medically Managed Residential Detoxification
- Level 7: Detoxification
- Level 8: Medical Treatment-Based Detoxification
Adult Addiction Services

Outpatient Addiction Services
- County run programs:
  - MAT (Medication Assisted Treatment) - Level II
    - Medical management of methadone maintenance therapy and counseling
  - Outpatient Level I and Intensive Outpatient Level I
    - 12-step abuse treatment for adults focused on abstinence.
  - Drug Court - Level II
    - Services adults and provider addicted to drugs and alcohol.
    - Treatment of criminal behavior and drug and alcohol use.

Jail Based Services
- County run programs:
  - JAS - Jail Addiction Services
    - Substance abuse treatment services for individuals incarcerated in the county correctional facility.
  - Clinical Assessment Triage Services - CATS
    - Mental Health and Substance Abuse Assessment and Services for individuals entering the correctional system.
    - Medical & Dental Services
    - Coordination of substance abuse and mental health treatment services for individuals entering the correctional system.

Residential Addiction Programs - Contracted
- Avery Halfway House for Women - Level III
  - Program for women and their children.
- Lawrence Court Halfway House - Level III
  - Program for women.
- Avery Road Combined Care (ARCC) - Level III
  - Provides residential and intensive outpatient Level III.
- Avery Road Treatment Center (ARTC) - Level III
  - Private, residential, and outpatient care.
  - Out-patient services are also available.